

Integrating Immunization: Ensuring a Holistic Approach Through Stronger Health Systems

Background reading in preparation for the Pacific Health Summit Workshop, June 23, 2011

Overview

Targeted efforts in science and technology and aggressive vaccination programs have produced laudable achievements, but there is an ongoing effort to recognize the equally critical role that Universal Health Coverage (UHC) and the strengthening of health systems also have to play in saving the lives of the people most in need. In order to achieve and sustain high immunization coverage, UHC programs must engage with health systems strengthening (HSS) in crucial areas of service delivery, human resources, leadership and governance, health financing, and information. As countries undertake significant reforms in pursuit of Universal Coverage, especially through health insurance and other financial protection schemes for health, there is an important opportunity to ensure that vaccination programs and other highly cost-effective primary care services are addressed. The promise of a new arsenal of vaccines by 2020 presents significant structural and financial challenges to the existing health systems models.

Universal Health Coverage and Immunization

Universal Health Coverage is defined as “access for all to appropriate health services at an affordable cost.” The movement toward UHC is grounded in principles of equity, social solidarity, and human rights. UHC’s two main operational creeds are: (a) a wide range of health services, including highly cost-effective prevention activities and therapies, should be accessible to all citizens of a given country; and (b) the system of financing healthcare should mitigate, as much as possible, the risk that households would fall into poverty or suffer large financial losses as a result of a costly health problem. In principle, any UHC effort should cover essential medicines and vaccines that satisfy the priority healthcare needs of the population. In practice,



Children in India served by the Micronutrient Initiative.

countries moving toward UHC may vary in how explicitly and extensively they cover immunization. The Joint Learning Network for Universal Health Coverage¹ chronicles the challenges and successes of specific reforms within countries, providing a learning platform for senior policy-makers and practitioners in more than a dozen countries.

¹ www.Jointlearningnetwork.org is a resource for countries in the process of implementing UHC. Current members include: Bangladesh, Ghana, India, Indonesia, Kenya, Malaysia, Mali, Nigeria, the Philippines, South Africa, Thailand, and Vietnam.

Health Systems Strengthening for Immunization

International organizations, notably the WHO, UNICEF, and GAVI, all recognize the critical role of strong health systems in increasing immunization coverage. The WHO and UNICEF's joint Global Immunization Vision and Strategy (2005) states that HSS has the potential to achieve higher coverage by targeting system-wide constraints—constraints that more silo-ed immunization programs are unable to address.² Utilizing an HSS funding window of U.S. \$800 million, GAVI has supported a range of interventions to improve broader health systems. Bottlenecks related to service delivery, health workforce, and leadership and governance are commonly identified challenges.³

For countries committed to achieving UHC and high levels of immunization, all six health system building blocks need to function well.

These building blocks include:

Service delivery:

Countries have to design and commit to make available a guaranteed, integrated package of specified health services. The size of this package may differ, depending on each country's epidemiology and mobilization of financial resources. Nevertheless, on almost any grounds, such a guaranteed package should include primary and preventive care, including childhood immunizations. Despite immunizations being predominantly delivered through public channels, such a system may in some situations also utilize private and mixed delivery health services.

Human resources for health:

To effectively deliver health services packages to all citizens, countries must invest in human resources—front line and health facility workers at a local level. The density of human resources is strongly associated with immunization coverage.⁴ In many developing

countries, human capacity is too low to achieve universal access to essential services immediately; consequently, UHC needs to be treated as a journey and introduced over time.⁵

Leadership and governance:

National governments should own and invest in system reform and management capacity to pave the way for universal immunization. Strong leadership and advocacy are needed from heads of state and a dedicated cadre of committed champions in ministries of health, finance, and labor.⁶

Health financing:

Sustained government investment is necessary to cover costs of guaranteed health service packages, as well as to subsidize health costs so that households are protected from large, impoverishing expenditures. Immunizing all children with current vaccines in most low- and middle-income countries will cost only a very small share of public sector



Three generations of women in Vietnam.

2 Global Immunization Vision and Strategy, WHO and UNICEF, 2005, http://www.who.int/vaccines-documents/DocsPDF05/GIVS_Final_EN.pdf.

3 B Galichet, et al, "Linking programmes and systems: lessons from the GAVI Health Systems Strengthening window," *Tropical Medicine & International Health: TM & IH* 15, no. 2 (February 2010): 208-215.

4 Lanata, CF, "Human Resources in Developing Countries," *Lancet* (April 2007).

5 "Catalyzing Change: The System Reform Costs of Universal Health Coverage," Rockefeller Foundation, 2010.

6 "Catalyzing Change," 2010.

health spending—typically less than one to two percent—even when a large array of vaccines are included. Nevertheless, some countries may find it difficult to pay for all of the vaccines that should be in the guaranteed package.

Information:

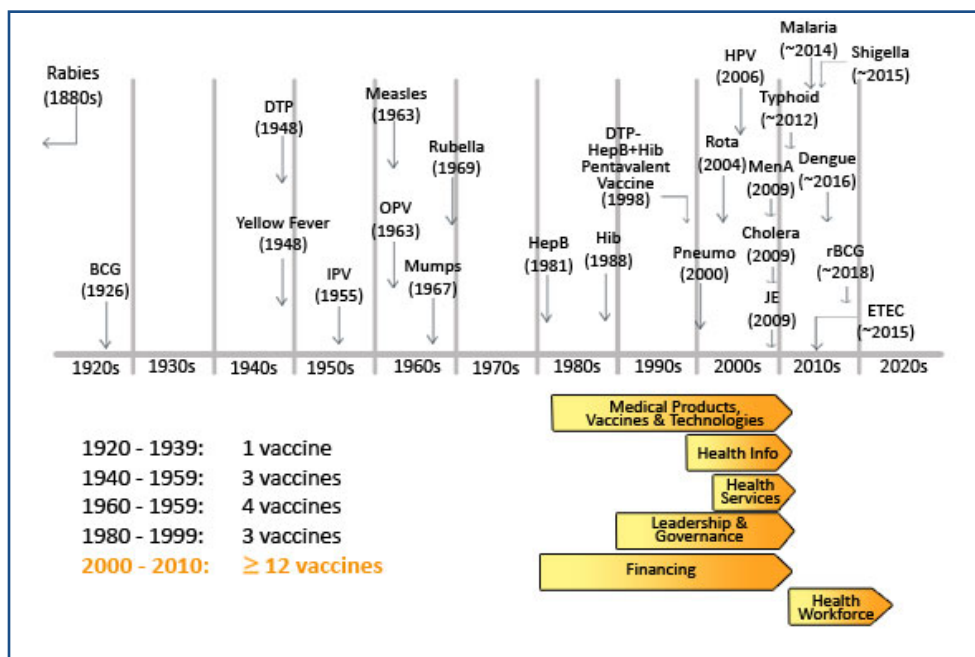
A robust and accurate information system is critically important for UHC to be effective. A study of 51 countries showed that 10 countries overestimated their increase in coverage by more than double.⁷ Accurate monitoring and

evaluation of immunization coverage is necessary to inform decision-making, to measure success in delivering vaccines, and to provide knowledge of health system bottlenecks.

Medicines, vaccines, and technologies:

To ensure quality vaccines are available for increased delivery and coverage, strong and responsive vaccine management systems and cold chain logistics are required. In order for countries to offer essential vaccines in a guaranteed package, pharmaceutical manufacturers must make a commitment to affordable pricing.

Figure 1⁸: Vaccine Landscape (2000-2020)



Immunization 2020: Role of UHC in Promoting Universal Access

The greatest test of the ability of health systems and UHC efforts to back immunization will come over the next decade as the number of vaccines expands, with impetus from the Decade of Vaccines Collaboration and other investments (see Figure 1).

Some of these vaccines will also be targeted to adolescents and adults, as well as the children who have traditionally received immunizations, and will address non-communicable diseases as well as infectious diseases. New vaccines for malaria, TB, and AIDS may place additional demands on health systems. With more than 12 new or improved vaccines potentially available by 2020, there will be increased need for a strong supply chain and responsiveness to meet demand of new vaccines on the market.

⁷ Levine, Ruth, 2008, "GAVI Shows Need for Improved Monitoring of Immunization Coverage."
⁸ Courtesy of Project Optimize.

Conclusion

The promise of new life-saving vaccines will only be fully achieved if countries create strong health systems that deliver the vaccines widely and efficiently, using stable long term financial resources.

The current efforts of many countries to achieve Universal Health Coverage could be a major boost to immunization, if UHC policies and programs give priority to the health system requirements (health workers, logistics, funding) for vaccination. By 2020, we want to look back and be proud of how much was accomplished.

Key Discussion Questions for June 23 Workshop

- How can health system strengthening contribute to increased immunization coverage? How much of the current shortfall is due to inadequate financing, and how much to gaps in service delivery capacity?
- Where do national immunization programs fall in the continuum between integrated and stand-alone approaches? Which approaches have proven most successful?
- How can Universal Coverage policies support robust and sustained financing for immunization in low and middle income countries? Should immunization be a part of health insurance packages?
- How have countries committed to UHC addressed current immunization and the prospect of additional and more expensive vaccines in the coming years?
- How can we best create synergies between the UHC movement, health systems strengthening, and the immunization field? Where are possible areas for collaboration, and where are there going to be potential obstacles to better alignment? Can the Joint Learning Network on UHC help to build bridges?

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